

Entered - 8-24-01 - sb
CL - 00L0545 ALEXIS HOLMES

01-*R*-0403

CLAIM OF: **PHILIP MERRIFIELD**
1725 Pine Ridge Drive
Atlanta, Georgia 30324

For damages alleged to have been sustained as a result of damage to his driveway in August 2000 at 1725 Pine Ridge Drive.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **PHILIP MERRIFIELD** the sum of **\$1,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of damage to his driveway in August 2000 at 1725 Pine Ridge Drive** as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0545

Date: 2/26/01

Claimant /Victim PHILIP MERRIFIELD

BY: (Atty) _____

Address: 1725 Pine Ridge Drive 30324

Subrogation: _____ Claim for Property damage \$ 3,250.00 Bodily Injury \$ _____

Date of Notice: 8/22/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 8/00 Place: 1725 Pine Ridge Drive 30324

Department Public Works Division: Solid Waste and Transportation

Employee involved Sam Caldwell Disciplinary Action: No action taken

NATURE OF CLAIM: The claimant sustained damages to his driveway as result of City workers driving City vehicles into his driveway for back-yard trash pick-ups.

INVESTIGATION:

Statements: City employee _____ Claimant X Other X Written _____ Oral X

Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

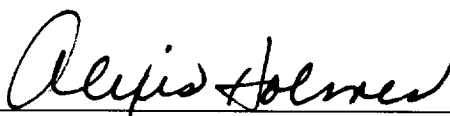
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 1,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager: [Signature] Concur/date 02-29-01

Committee Action: _____ Council Action _____

8-9-2000 S. FLUKER

~~1725~~ PINE RIDGE DR. N.E.

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
68 Mitchell Street, S.W.
Atlanta, GA 30335

RE: CLAIM FOR DAMAGES

Holmes

TODAY'S DATE: 8-22-00 09/05/00

ENTERED - 9-6-00 - SB

00L0545 - ALEXIS HOLMES

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: _____ (month day year) 2. Police called _____ (yes) (no) X
3. Location of incident: 1725 Pine Ridge Drive, NE, Atlanta, Ga. 30324

4. Name of your insurance company _____ Policy # _____

5. State what and how incident occurred: Back yard - Pick up Truck - Busted up driveway -
See Attached Estimates to Replace Driveway - Can not

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! (use other side if necessary)
Be Repaired

7. The registered owner must make the claim for vehicle damages. Complete the following and attached two (2) estimates of repair.

~~Your vehicle:~~ Inspected by Stanley Fluker
(make) (year) (tag#) (driver's name)
~~City vehicle:~~ Route Supervisor
(make) (driver's name) 404-684-0799 (department)

8. Witness: _____ (name) _____ (address) _____ (phone)

9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

Philip Merrifield (SEAL)
1725 Pine Ridge Dr. N.E. (claimant)
Atlanta Ga. 30324 (address)
(city) (state) (zip)
404-872-4982 (home) 404-577-7530 (phone) (work)